

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2011	
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN46182			
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F0000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey Dates: March 14, 15, 16, 17,18, and 21, 2011</p> <p>Facility Number: 000423 Provider Number: 155704 AIM Number: 100290450</p> <p>Survey Team: Patti Allen BSW, TC Joyce Hofmann, RN Diane Dierks, RN</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 13 Medicaid: 45 Other: 10 Total: 68</p> <p>Sample: 15</p> <p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 28, 2011 by Bev Faulkner, RN</p>			F0000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0253 SS=E	<p>Based on observation and interview, the facility failed to ensure housekeeping and maintenance services were provided to maintain a clean and sanitary environment and to ensure furniture was in good repair. This actually affected 4 of 8 residents residing in 4 of 12 rooms observed (Rooms 8, 13, 25, 26) and potentially affected 53 residents who utilized the South West Central Shower in the facility population of 68.</p> <p>The Findings Include:</p> <p>During the "General Observation" tour conducted with the Maintenance Supervisor and Housekeeping/Laundry supervisor, on 3-18-11 beginning at 11:55 a.m., the following was observed:</p> <p>1) In resident Room #8, near the window bed, the recliner upholstery had multiple sized cracks and splits on the arm and a 6 inch split on the front of the foot rest. This recliner was used by one resident in this room.</p> <p>2) In resident Room #13, near the window bed, the bedside commode had dried greenish/brown smears on the seat and frame. This bedside commode was used by one resident in this room.</p>			F0253	<p>F 253</p> <p>I. How corrective action will be accomplished for those affected.</p> <p>The recliner in Resident Room #8 and #26 were removed on 3/21/2011. The bedside commode was cleaned in Resident Room #13 and the toilet seat lift (riser) was cleaned on 3/18/2011. The wall in the South West Central Shower was cleaned on 3/19/2011 and the call light cords were replaced on 4/8/2011. The Beauty Shop will be deep cleaned on 4/12/2011. The box fan was disposed of on 3/22/2011. The Assisted Dining Room will be deep cleaned including walls on 4/14/2011.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected.</p> <p>All resident recliners were inspected and damaged ones removed on 3/21/2011. All bedside commodes were inspected and sanitized on 3/19/2011 and 3/20/2011. All shower rooms and call cords were inspected on 3/19/2011 and 3/20/2011. Staff was re-educated regarding sanitation and condition of environment and equipment beginning on 3/19/2011 and completed by 4/20/2011. Staff was educated on appropriate cleaning methods and reporting unclean areas and unclean or damaged equipment</p>		04/20/2011

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	<p>During interview on 3-18-11 at 12:40 p.m., with LPN # 4, she indicated she was unaware how long the bedside commode had been soiled with the dried feces.</p> <p>3) Observed in the South West Central Shower, the walls were soiled through out the shower room in multiple color and size. There were grayish/black fingerprints on the walls. Three of 3 call light cords were discolored to a grayish/black color. This shower room was used for 53 residents who lived on South and West nursing units.</p> <p>4) The Beauty Shop had accumulation of dust, dirt, and debris along the floor near the walls, in the corners and behind the door. There was clumps of hair on the floor near the trash can. There was a box fan that was covered with a heavy coat of dirt and dusty film on the cover and blades.</p> <p>5) The Assist Dining Room walls had multiple sized and colored dried splatters and spill and smear stains.</p> <p>6) In resident Room # 25, near the window bed was a green recliner that had torn upholstery on the left side front near the arm. There was a 3 inch by 4 inch section of the upholstery gone. This</p>			<p>which will be completed by 4/20/2011.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction</p> <p>The housekeepers will complete a daily cleaning schedule and checklist to include the cleaning of soiled walls, cleaning and inspecting of call cords, inspection of furniture and equipment, and cleaning of equipment and adaptive equipment, i.e., risers, bedside commodes, mats, etc. Housekeeping staff is being inserviced on proper cleaning standards and daily cleaning schedules on 4/19/2011 The Beauty Shop and Assisted Dining Room will be added to the monthly deep cleaning schedule on 4/20/2011. Nursing Staff will be inserviced on appropriate cleaning after useage of adaptive equipment and storage on 4/19/2011.</p> <p>IV. How the facility plans to monitor its performance to make sure that solutions are ensured.</p> <p>The performance of these plans will be monitored by Housekeeping Quick Rounds which will be completed by the Housekeeping Supervisor on a weekly basis for four weeks then twice monthly thereafter beginning on 4/20/2011. The results of the Housekeeping Quick Rounds will monitored by the Quality</p>			

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	<p>recliner was used by one resident in this room.</p> <p>7) In resident Room # 26 in the restroom there was a toilet seat lift (riser) stored on a wooden frame next to the commode. There was dried blackish/brown substance on the bottom, top and interior of seat. This toilet lift (riser) was used by one resident in this room. There was three other residents that used the commode. The riser was removed for their use and re-attached for the one resident.</p> <p>During interview on 3-18-11 at 1:15 p.m., with CNA # 16, she indicated she was unaware how long the toilet lift (riser) had been soiled with the dried feces.</p> <p>3.1-19(f)(5)</p>			Assurance Committee on a quarterly basis.			

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F0371 SS=F	<p>Based on observation and interview, the facility failed to ensure appliances and equipment used to prepare food was clean or maintained in a sanitary condition during 2 of 3 kitchen observations. This had the potential to affect 65 of residents who received meals from the kitchen in the facility population of 68.</p> <p>Findings Include:</p> <p>During the dietary walk through on 3/14/11 at 10:15 a.m., with the Dietary Manager the following were observed:</p> <p>1) The microwave interior was soiled with multiply food particles on the top, bottom, three walls and the door.</p> <p>2) The stove had black and</p>			F0371	<p>F 371 I. How corrective action will be accomplished for those affected. The Microwave was cleaned on 3/14/2011. The stove burners are being professionally cleaned and this will be completed by 4/20/2011. The stand alone double oven door was cleaned on 4/8/2011. The baking sheets are being disposed of and replaced by 4/20/2011. The three kettles were disposed of on 4/7/2011 and being replaced by 4/20/2011. The teflon skillet was discarded and replaced on 3/16/2011. II. How corrective action will be accomplished for those residents having potential to be affected. The Microwave was cleaned on 3/14/2011. The stove burners are being professionally cleaned and this will be completed by 4/20/2011. The stand alone double oven door was cleaned on 4/8/2011. The baking sheets are being disposed of and replaced by 4/20/2011. The three kettles were disposed of on 4/7/2011 and being replaced by 4/20/2011. The teflon skillet was discarded and replaced on 3/16/2011. Dietary staff is being inserviced on proper sanitation and condition of equipment and cooking items beginning 4/8/2011 and will be completed on 4/20/2011 by the Dietary Manager. III. What measures will be put in place/systemic changes made to</p>		04/20/2011

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	<p>brown burnt on substance on all four burners and visible food particles covering the top of stove.</p> <p>3)The stand alone double door oven had numerous baked on spills.</p> <p>On 3-16-11 at 10:50 a.m., with the Dietary Manager the following was observed :</p> <p>4) Four of Seven large metal baking sheets with dark brown and black burned on, build up substance on the edges, interior and exterior.</p> <p>5) Three of eight different size kettles had a build up of a dark brown and black substance that was burned on to the interior and exterior and the sides and bottoms of the kettles were</p>				<p>ensure correction The microwave was added to the Per Shift Cleaning Schedule on 3/14/2011. The double door oven was put on a daily cleaning schedule on 4/8/2011. The Registered Dietician will complete a Sanitation Checklist where all cooking items and equipment will be inspected monthly. IV. How the facility plans to monitor its performance to make sure that solutions are ensured. The results of the Sanitation Checklists will be monitored through the Quality Assurance process on a quarterly basis.</p>		

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	<p>dented and pitted.</p> <p>6) One of two different size skillets had Teflon interior that was two-thirds gone. The only remaining Teflon was on the sides near the top.</p> <p>During interview at this time with Dietary Manager, she indicated that the baking sheets, kettles, and skillet were used to prepare food for the residents. She further indicated that the above mentioned items had the potential to affect the 65 of 65 residents receiving food from the kitchen. The facility population was 68 residents.</p> <p>3.1-21(i)(3)</p>						

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F0441 SS=F	<p>Based on observation, interview and record review, the facility failed to follow isolation precautions to prevent the potential transmission of Clostridium Difficile for 4 of 4 residents reviewed for Clostridium difficile (C-diff) and for one resident reviewed for Vancomycin- resistant Enterococcus (VRE) in a sample of 15.</p> <p>The facility failed to appropriately disinfect 2 of 3 glucometers that were observed during scheduled glucose monitoring, which potentially could have affected 17 residents.</p> <p>The facility also failed to follow standard precautions and contact precautions, which are used to prevent the transmission of harmful organisms, by not following manufacturer's instructions for a disinfectant used for cleaning of resident rooms, lack of handwashing and improper use of personal protective equipment, which could have potentially</p>		F0441	<p>F 441</p> <p>I. How corrective action will be accomplished for those affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Resident rooms and equipment of affected residents were deep cleaned using proper isolation room cleaning standards by 4/8/2011.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Any residents rooms requiring isolation precautions will be cleaned using proper isolation room cleaning standards beginning 3/21/2011. The glucometers were thoroughly cleaned using appropriate cleaning agents on 3/16/2011.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction</p> <p>Staff re-education regarding resident and staff precautions for prevention of infection, including but not limited to disinfection, use of PPE, special equipment and isolation parameters was delivered by Administrator and</p>		04/20/2011	

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	<p>affected 68 residents residing in the facility. (Residents #52, #30, #53, #60, #42, #27, #55, #11, #40 and #33)</p> <p>Findings included:</p> <p>A facility policy, dated 10/12/10, titled "Procedure for Isolation: Initiation of Isolation," provided by the Director of Nursing (DON) on 3/21/11 at 10:12 a.m., included but was not limited to, the following:</p> <p>"...use Contact Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, such as handling environmental surfaces or resident-care items. In some instances, residents colonized with these organisms may also require Contact Precautions for example,...when a resident exhibits noncompliant behaviors with stool or other body fluids, or when a resident has very poor personal</p>				<p>Director of Nursing beginning on 3/19/2011 and completed by 4/20/2011. Licensed nurses were re-educated on the proper cleaning standards of glucometers with return demonstration beginning on 3/19/2011. Nursing staff will be re-educated on proper handwashing procedures on 4/19/2011. Housekeeping staff was re-educated on proper isolation room cleaning standards beginning on 3/19/2011 and will be completed on 4/20/2011.</p> <p>IV. How the facility plans to monitor its performance to make sure that solutions are ensured.</p> <p>The Director of Nursing or designee will complete observation of nursing staff related to rooms in isolation for two staff weekly for four weeks, then two staff bi-weekly for four weeks, then two staff monthly for four months. The DON or designee will complete observations related to proper glucometer cleaning with two nurses weekly for four weeks, then two nurses bi-weekly for four weeks, then two nurses monthly for 4 months. The Director of Nursing or designee will complete observations of nursing staff related to handwashing of 3 staff members weekly for four weeks, then three staff members bi-weekly for four weeks, and then three staff members monthly for four months. Housekeeping staff will complete a</p>		

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	<p>hygiene ...The above includes epidemiologically important organisms...as well as other highly transmissible infections such as Clostridium difficile..."(a gram positive rod, spore-forming organism, which produces toxin that damages the intestinal cells and may cause diarrhea and colitis).</p> <p>A facility policy, dated October, 2010, titled "Best Practice Guidelines: Preventing the Spread and Transmission of Clostridium Difficile," provided by the Director of Nursing (DON) on 3/15/11 included but was not limited to, the following:</p> <p>"...A large portion of residents who acquire the organism become colonized (even with treatment), and remain carriers who can potentially serve as a reservoir for transmission. Active symptoms include diarrhea, abdominal cramping, fever, and bloody stools (liquid)...C. difficile can be</p>				<p>competency exam related to the proper cleaning of isolation rooms, then one housekeeper will be tested regarding competency quarterly thereafter. Housekeeping Quick Rounds will be completed weekly times four weeks, and then monthly thereafter.</p>		

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	<p>acquired from contact with contaminated environmental surfaced (e.g. ...commode, floors, etc.)...The spores produced by C. difficile can survive in the environment for up to 6 months...When a private room is not available, symptomatic residents should be assigned a bedside commode, which should be thoroughly cleaned and disinfected after each bowel movement..."</p> <p>1. The record review for Resident # 52 was reviewed on 3/15/11 at 9:20 a.m., and indicated the resident was admitted to the facility on 12/29/10.</p> <p>Diagnoses for Resident # 52 included, but were not limited to: advanced Alzheimer's dementia with aggression and agitation, hypertension, osteoporosis with previous vertebral compression fracture and kyphoplasty, depression, anxiety and behaviors.</p>						

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	<p>An initial comprehensive care assessment with an assessment reference date of 1/10/11 for Resident # 52 indicated the resident has rejected care and has had physical behaviors that have interfered with resident care and interrupted the living environment.</p> <p>A recapitulated physician order sheet for March, 2011 indicated:</p> <p>Risperdal 1 milligram by mouth at 8:00 a.m., related to advanced dementia/Alzheimer's with aggression and agitation (2/23/11).</p> <p>Clonazepam 0.25 milligrams by mouth, two times per day, PRN (as needed) related to agitation (12/29/2010).</p> <p>Depakote ER (extended release) 1000 milligrams by mouth daily at 8:00 a.m. related to: senile dementia, Alzheimer's type with depression, delusions and agitation (2/23/2011).</p>						

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	<p>A health care plan problem, dated 3/1/11, indicated the resident was at risk of potential for weight loss and dehydration related to positive stool culture of Clostridium Difficile with loose, mucousy stools and appetite loss. The care plan indicated that the antibiotic, Flagyl 500 milligrams enteric, TID (3 times per day), po (by mouth) for 10 days, was initiated on 3/2/11.</p> <p>A health care plan problem, dated 1/11/11, indicated the resident has behaviors of aggression and agitation related to Alzheimer's and dementia and an intervention was in place to "offer cues as needed related to task at hand,...care to be given, etc..."</p> <p>A health care plan problem, dated 1/10/11, indicated the resident has behaviors related to Alzheimer's dementia and in intervention was in place for psychotherapy to follow resident.</p>						

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	<p>A psychological consultation, dated 3/7/11, included, but was not limited to the following, "...She is very combative toward staff who are simply attempting to change her, bathe her, dress her, etc..."</p> <p>An Interdisciplinary Progress Note/Caregiver Conference Note, dated 2/7/11, provided by the DON on 3/15/11, indicated the resident was frequently incontinent of bowel.</p> <p>Lab reports provided by the DON on 3/15/11, indicated the following:</p> <p>A hospital discharge summary lab report with a specimen date of 12/15/10 and a run date of 1/4/11, indicated, "...Clostridium difficile: negative, clostridium difficile: negative, specimen consistency: loose...If the patient's history and symptoms are consistent with C. difficile associated disease, a report of C. diff antigen positive should be regarded as positive for toxigenic</p>						

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	<p>C. difficile..."</p> <p>A facility lab report with a stool sample collected on 1/21/11 was positive for c-diff antigen (H) and negative for c-diff toxin and included the documentation, "...this condition requires contact isolation protocol!...If the patient's history and symptoms are consistent with C. Difficile associated disease, a report of C. diff antigen positive should be regarded as positive for toxigenic C. difficile...spec (specimen) consistent...liquid..."</p> <p>Documentation handwritten on the bottom of the lab report regarding stool collected on 1/21/11 indicated, "...per (physician name) on call...Flagyl 500 milligrams BID (twice a day) times 10 days, Florastor 250 milligrams BID (twice a day) times 10 days...."</p> <p>A facility lab report with a stool sample collected on 3/1/11 was positive for c-diff antigen (H) and</p>						

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	<p>negative for c-diff toxin and included the statement, "...this condition requires contact isolation protocol!...If the patient's history and symptoms are consistent with C. Difficile associated disease, a report of C. diff antigen positive should be regarded as positive for toxigenic C. difficile...spec (specimen) consistent...soft..."</p> <p>Documentation handwritten on the bottom of the lab report regarding stool collected on 3/1/11 indicated, "Resident con't (continues) with loose stool and mucous. Frequently refuses meds (medications), tried Florastor, still sx (symptomatic). Is Flagyl IM (intramuscular) available, any suggestions?..."</p> <p>An infection control mapping document, dated, January, 2011, indicated Resident # 52 was positive for Clostridium difficile antigen and negative for Clostridium difficile toxin on 1/21/11. An infection control</p>						

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	<p>mapping document dated, March, 2011 indicated Resident # 52 was positive for Clostridium difficile antigen and negative for Clostridium difficile toxin on 3/1/11, positive for Clostridium difficile antigen and negative for Clostridium difficile toxin on 3/16/11, had no symptoms and was removed from isolation on 3/16/11.</p> <p>Physician telephone orders indicated the following:</p> <p>Physician telephone order, dated 1/19/11 at 3:00 p.m., indicated a stool sample was to be tested for C-diff.</p> <p>Physician telephone order, dated 1/21/11, indicated Flagyl 500 milligrams, 1 tablet by mouth, twice a day for 10 days for C-diff and Florastor 250 milligrams, 1 tablet, by mouth, twice a day for 10 days for C-diff.</p> <p>Physician telephone order, dated 2/19/11, indicated Bactrim Reg. by mouth, twice a day for 10 days for</p>						

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	<p>UTI (urinary tract infection) clarification.</p> <p>Physician telephone order, dated 2/23/11, indicated a stool sample was to be tested for C-diff.</p> <p>Physician telephone order, dated 3/2/11, indicated Flagyl 500 milligrams enteric, by mouth 3 times a day for 10 days for C-diff.</p> <p>A medication administration record for January, 2011 indicated the following orders:</p> <p>Flagyl 500 milligrams, 1 tab by mouth, two times per day...related to c-diff, first date 1/21/2011, last date 1/31/2011. The resident was scheduled for 21 doses. The medication was not administered for 12 of these 21 doses. The medications that were not administered were recorded with parentheses around the nurses' initials. The key at the bottom of the medication record indicated that parentheses represent a held or refused item.</p>						

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	<p>Florastor 250 milligrams, 1 tab by mouth, two times per day...related to c-diff, first date 1/22/2011, last date: 1/31/2011. The resident was scheduled for 20 doses. The medication was not administered for 12 of these 20 doses.</p> <p>A medication administration record for March, 2011 indicated the following order:</p> <p>Flagyl 500 milligram tab enteric ...three times per day, by mouth, for 10 days...site of infection: (c-diff), first date: 3/2/2011, last date: 3/12/2011. The resident was scheduled for 32 doses. The medication was not administered for 5 of these 32 doses.</p> <p>Nursing Notes indicated the following:</p> <p>1/3/2011 at 7:32 p.m.: "....this a.m. had bright yellow runny stool with foul odor..."</p>						

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	1/19/2011 at 5:22 p.m.: "...Change of condition: GI...resident had numerous episodes of loose, yellow, foul smelling stool...experiencing poor appetite...recent antibiotics...resident had previous facility was diagnosed with C-diff of stool prior to resident being admitted to (name of facility). 1/21/2011 at 1:51 p.m.: "...stool obtained for C-diff testing..." 1/21/2011 at 6:55 p.m.: "...abnormal results: positive c-diff..." 1/22/2011 at 2:29 p.m.: "...stool: liquid, strong odor, times one..." 1/23/2011 at 2:05 a.m.: "...stool: liquid, foul smelling, fatty, times one, thus far tonight...remains on antibiotic for c-diff..." 1/23/2011 at 1:03 p.m.: "...on Flagyl/Florastor for c-diff. No loose stool today..." 1/24/2011 at 3:10 a.m.: "...remains on antibiotic for c-diff...no reports of loose stools thus far tonight..." 1/24/2011 at 11:26 p.m.: "...On						

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	<p>Flagyl and Florastor for C-diff...Incontinent smear only since 6:30 p.m...."</p> <p>1/25/2011 at 4:34 p.m.: "...remains on antibiotic for c-diff...No reports of loose stools this day..."</p> <p>1/26/11 at 7:09 p.m.: "...No reports of loose stools this day, incontinent of stool..."</p> <p>1/27/11 at 5:24 p.m.: "...Resident refused all her meds today x's (times) 3, except I was able to talk her into taking her Flagyl 500 mg (milligrams) Charge nurse notified."</p> <p>1/29/2011 at 2:09 p.m.: "...Remains on Flagyl for c-diff. No loose stools today."</p> <p>1/30/2011 at 12:37 p.m.: "...on Flagyl for c-diff. BM (bowel movement) today partially loose and formed, not foul"</p> <p>2/1/2011 at 5:07 p.m.: "...remains on antibiotic for c-diff...No reported loose stools this shift..."</p> <p>2/11/11 at 7:54 p.m.: "...digestive condition: diarrhea, L/S (loose stool) noted times 1 today..."</p>						

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	2/12/11 at 6:26 p.m.: "...digestive condition: no diarrhea, loose stool reported today..." 2/18/11 at 10:34 a.m.: "...stool: Reported BM's (bowel movements) have been pasty and brown. No mucous, no foul odor noted..." 2/28/2011 at 4:13 p.m.: "...foul odor noted" 3/1/2011 at 12:50 p.m.: "...lab work: stool obtained" 3/1/2011 at 4:19 p.m.: "...positive results: C. diff antigen positive (H), C. diff toxin negative..." 3/1/2011 at 4:10 p.m.: "...call placed to (name of physician) regarding: lab results antigen positive for c-diff, resident still having loose stools with some mucous. Resident is frequently refusing po (by mouth) meds (medications), concerned that treatment would not be successful if daily med (medication) not consumed by resident..." 3/2/2011 at 9:38 a.m.: "...stool: BM (bowel movement) today, soft pieces, brown, no foul odor, no						

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	<p>mucous"</p> <p>3/5/2011 at 2:42 p.m.: "...remains on antibiotic for c-diff...No loose stools reported today..."</p> <p>3/6/2011 at 10:20 a.m.: "...Flagyl...remains on antibiotic...No loose stool..."</p> <p>3/6/2011 at 9:44 p.m.: "...remains on antibiotic c-diff"</p> <p>3/7/2011 at 12:16 p.m.: "...remains on antibiotic for c-diff...No loose stools reported at this time."</p> <p>3/7/2011 at 10:56 p.m.: "...remains on antibiotic for c-diff, no loose stools..."</p> <p>3/11/2011 at 8:28 a.m.: "...remains on antibiotic for c-diff, no L/S's (loose stools) this a.m..."</p> <p>3/12/2011 at 2:32 p.m.: "...Remains on Flagyl stool: brownish orange and soft formed, no mucous or foul odor"</p> <p>3/15/2011 at 1:46 p.m.: "Call placed to (name of physician)...resident has completed Flagyl for c-diff. Resident has been treated for this times 2. Resident is having no GI (gastro-intestinal)</p>						

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	<p>distress or diarrhea, reported having formed stool yesterday. Resident is on universal precautions noted non-symptomatic or recheck for c-diff completed."</p> <p>3/15/2011 at 2:32 p.m.: new orders received and noted 3/15/2011 re: labs and d/c (discontinue) isolation resident is on symptomatic..."</p> <p>3/15/2011 at 5:15 p.m.: "...corrected entry...MD (medical doctor) notified of resident not symptomatic for c-diff and will remove from isolation per protocol..."</p> <p>3/16/2011 at 3:59 p.m.: "...daughter stated last facility had that c-diff there that's probably where she got it..."</p> <p>On the following dates and times, the following observations were made:</p> <p>3/14/2011 at 10:15 a.m.: During initial tour of the facility, the DON indicated that Resident #52 was on isolation precautions and she</p>						

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	<p>verified that there was no bedside commode in the room. She indicated that Resident #52 shared the room with another resident (Resident #48) and they were both sharing the bathroom toilet. She indicated the bathroom toilet was being cleaned with a disinfectant after use by each resident and the roommate (Resident #48) was not symptomatic. There was an isolation precaution sign on the door and a cart outside the door with disposable gloves, gown and masks.</p> <p>3/15/11 at 12:15 p.m.: During observation of Resident # 52's room, it was noted that a bedside commode had been placed in the room.</p> <p>3/16/2011 at 10:04 a.m.: During observation of incontinence care in the shower room, CNA #39 and the DON assisted Resident #52 to the toilet. The resident was wearing padded mittens as ordered. Staff,</p>						

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	<p>while wearing gloves, removed the resident's used brief. The resident's brief contained a medium amount of brown stool that was soft, but not loose and did not have an abnormal odor. Resident was verbally combative throughout care and at one point, swatted at the leg of the CNA who was attempting to provide care.</p> <p>During an interview on 3/15/11 at 10:12 a.m., the DON indicated that Resident #52 and Resident # 48 had been sharing the same bathroom and cleaner was being used after each use of the toilet in the bathroom, but last night she had requested a bedside commode to be placed in the room.</p> <p>During an interview on 3/15/11 at 12:35 p.m., the DON indicated that neither Resident # 52, nor Resident # 48 could toilet themselves independently and this is how they had ensured cleaning was done after each resident use of the toilet</p>						

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	<p>in the bathroom.</p> <p>During an interview on 3/16/11 at 5:20 p.m., the DON indicated there was no bed side commode in the room the entire time, (until 3/15/11), that Resident #52 was being treated and symptomatic with C-diff. She indicated the facility had just had an in-service on using Dispatch cleaner product for C-diff. disinfection. She indicated, "the Dispatch was an intervention we were using and the bed side commode just didn't get placed."</p>						

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F0441 SS=F	<p>2). Initial tour of the facility was made on 03/14/2011 at 10:15 a.m., with RN #1 present and through interview indicated three residents on the West hall and the Rehab to Home hall had Clostridium Difficile[C-Diff] (spore forming organism which produces toxins that damages the intestinal cells and may cause diarrhea and colitis) and RN#1 indicated only one [Resident #30] of the three residents had a bedside commode. Resident #53 and #60's [who had c-diff] rooms were observed without a bedside commode.</p> <p>RN #1 indicated on 03/14/2011 at 10:15 a.m., the facility staff used a spray disinfectant to clean the bathrooms after each use to prevent the spread of the c-diff.</p> <p>Resident #60's room was</p>		F0441	<p>F 441</p> <p>I. How corrective action will be accomplished for those affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Resident rooms and equipment of affected residents were deep cleaned using proper isolation room cleaning standards by 4/8/2011.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Any residents rooms requiring isolation precautions will be cleaned using proper isolation room cleaning standards beginning 3/21/2011. The glucometers were thoroughly cleaned using appropriate cleaning agents on 3/16/2011.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction</p> <p>Staff re-education regarding resident and staff precautions for prevention of infection, including but not limited to disinfection, use of PPE, special equipment and isolation parameters was delivered by Administrator and</p>		04/20/2011	

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	<p>observed on 03/16/2011 at 3:20 p.m., and was again observed to have no bedside commode. CNA #24 indicated at this time that the resident did not use a bedside commode, but a riser in the bathroom due to the toilet being too low for the resident to get up and down on. CNA #24 indicated through interview at this time that Resident #60 was no longer on precautions as she was told this by a nurse a couple of weeks ago. CNA #24 indicated she did not know why the signs and personal protective equipment [PPE] was still available outside the door. CNA #24 indicated the bathroom is a shared bathroom with 3 other residents. The resident's bathroom was observed before exiting the room and the bathroom stool was observed to have a black</p>				<p>Director of Nursing beginning on 3/19/2011 and completed by 4/20/2011. Licensed nurses were re-educated on the proper cleaning standards of glucometers with return demonstration beginning on 3/19/2011. Nursing staff will be re-educated on proper handwashing procedures on 4/19/2011. Housekeeping staff was re-educated on proper isolation room cleaning standards beginning on 3/19/2011 and will be completed on 4/20/2011.</p> <p>IV. How the facility plans to monitor its performance to make sure that solutions are ensured.</p> <p>The Director of Nursing or designee will complete observation of nursing staff related to rooms in isolation for two staff weekly for four weeks, then two staff bi-weekly for four weeks, then two staff monthly for four months. The DON or designee will complete observations related to proper glucometer cleaning with two nurses weekly for four weeks, then two nurses bi-weekly for four weeks, then two nurses monthly for 4 months. The Director of Nursing or designee will complete observations of nursing staff related to handwashing of 3 staff members weekly for four weeks, then three staff members bi-weekly for four weeks, and then three staff members monthly for four months. Housekeeping staff will complete a</p>		

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	<p>colored substance on the toilet rim.</p> <p>Interview with RN #2 ON 03/16/2011 at 4:15 p.m., indicated there was a black-colored substance on the toilet rim of the toilet of Resident #60's room. RN #2 indicated she would clean it immediately and left and re-entered the room with a small pink spray bottle, which she indicated contained dispatch (an anti-disinfectant). RN #2 sprayed the toilet rim, the bottom of the toilet rim and the commode rim itself with Dispatch. RN #2 then wiped the rim and commode rim with paper towels and re-sprayed the top of the rim of the toilet again and wiped with paper towels.</p> <p>3). Resident #53's</p>				<p>competency exam related to the proper cleaning of isolation rooms, then one housekeeper will be tested regarding competency quarterly thereafter. Housekeeping Quick Rounds will be completed weekly times four weeks, and then monthly thereafter.</p>		

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	<p>incontinence care was observed on 03/18/2011 at 4:05 p.m. which was performed by CNA #15. The aide was observed to perform incontinence care, emptied basin into toilet and rinsed basin with more water and emptied the basin. The aide sprayed the basin with Dispatch then immediately wiped with paper towels. The Dispatch disinfectant was not left on the basin long enough to disinfect it.</p> <p>4). Observation on 03/16/2011 at 3:30 p.m., of Resident #53's transfer from bed to wheelchair via the sit to stand lift with CNA #24 and CNA #25 present. CNA #24 was assisting with lift and CNA #25 was assisting the resident to sit up on the edge of the bed. CNA #25 was observed to</p>						

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	<p>come in contact with Resident #53's clothing with her clothing. CNA #25 and CNA #24 had on no PPE except gloves. When questioned about Resident #53 having c-diff and the sign and PPE outside the door, CNA #24 indicated Resident #53's and Resident #60's precautions had been lifted a couple weeks ago, had no signs or symptoms of c-diff, had formed stools now, and they no longer had to gown.</p> <p>Interview with RN #3 (who was the nurse in charge) on 03/16/2011 at 3:35 p.m., indicated Resident #60 had not been taken off of precautions.</p> <p>Interview with CNA #25 on 03/16/2011 at 4:20 p.m., indicated she was told by a</p>						

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	<p>nurse 2 to 3 weeks ago that Resident #53 and Resident #60 had no loose stools and the residents were off PPE precautions. CNA #25 indicated she never checked with anyone else regarding the precautions being lifted. CNA #25 indicated she was to use Dispatch spray to disinfect with and indicated you spray it on and wipe it right off with a wash cloth or paper towel. CNA #25 did not know if the disinfectant had to stay on for any length of time to be effective.</p> <p>Interview with the Administrator and RN #1 on 03/16/2011 at 4:25 p.m., indicated Resident #53 and Resident #60's precautions had never been lifted. The Administrator indicated the</p>						

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	<p>facility used to use a different disinfectant, but had changed to an EPA approved disinfectant in October or November of last year called Dispatch. The Administrator provided the memo from their corporate office regarding the change over to dispatch which was dated 10/29/2010 and the memo recommended that the facility train housekeeping and nursing staff on the product use (5 minute kill time) and the practical guidance information contained in the checklists.</p> <p>5). Resident #30 was observed on 03/18/2011 at 7:35 p.m., to have had a bowel movement and CNA #15 was observed to remove the container from the bedside commode and sprayed the lid of the commode with Dispatch. The aide emptied the</p>						

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	<p>container of bowel movement into the toilet and rinsed it with soap and water and emptied it into the toilet. CNA #15 was observed to spray the container with dispatch and wiped it out with paper towels and placed the towels in the bathroom trash. The aide wiped the front of the commode with paper towels and then wiped the lid of the commode with the same towel. The aide removed her gloves and placed them in the bathroom trash, washed her hands, and then removed her gown and rolled it up with part of it touching the floor and took the soiled gown down the hall to a bath and placed it into a barrel.</p> <p>The facility provided on 03/15/2011 at 2:45 p.m., documentation about</p>						

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	<p>preventing the spread of transmission of Clostridium difficile indicated,</p> <p>"Transmission occurs when the organism or its spores get into a person's mouth by direct contact. It may be transferred to residents if good hand washing and appropriate use of gloves are not practiced. C. difficile can be acquired from contact with contaminated environmental surfaced (e.g. bedrails, commode, floors, etc.) or by fecal-oral transmission from colonized individuals. C. difficile can be transmitted by healthcare workers after caring for a colonized resident and not properly washing their hands. The spores produced by C. difficile can survive in the environment for up to 6 months."</p>						

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	<p>The documentation indicated the following for isolation precautions/transmission control: "It is believed that positive, symptomatic patients are more likely to be a source of C. difficile for other patients than asymptomatic carriers. Therefore, it is recommended that positive patients remain on the following precautions until they are asymptomatic (free of diarrhea for at least 72 hours). Once residents are asymptomatic, these precautions can be discontinued and the affected rooms should undergo deep cleaning/disinfection. However, it is important that asymptomatic patients who are incontinent of stool, or have impaired personal hygiene be maintained on Standard Precautions."</p>						

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	<p>The documentation indicated room placement for residents with known or suspected C. difficile that contact isolation should be initiated for residents until 72 hours post diarrhea. "When available, residents with active c. difficile (diarrhea) should be placed on contact precautions in a private room until symptoms have resolved. When a private room is not available, symptomatic residents should be assigned a bedside commode, which should be thoroughly cleaned and disinfected after each bowel movement. When possible, cohort with other residents affected by the same organism. Residents without diarrhea may continue their routine activities throughout the facility."</p>						

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	6). Resident #42's Accucheck (fingerstick blood glucose check) was observed on 03/18/2011 at 4:25 p.m., which was performed by LPN #4. LPN #4 was observed to gown and glove before she entered the resident's room as the resident was known to have VRE. LPN #4 set the little blue tray which contained the glucometer, alcohol packet, lancet, and glucometer strip for the glucometer on the resident's over the bed table. The LPN performed the Accucheck, took her gown and gloves off in the resident's room. LPN #4 was observed to place her gown, gloves, and the glucometer strip in the resident's trash can. There was no separate barrel for the gowns and gloves [PPE equipment].						

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	<p>Review of the facility's Best Practice Guidelines dated October 2010 indicated, "Gowns should be worn by healthcare workers and visitors when physical contact is expected with the symptomatic resident or environmental surfaces in the room. Gowns should be removed and immediately discarded into the proper linen receptacle when leaving the resident's room."</p> <p>Review of the facility's undated Procedure for isolation: Initiation of Isolation indicated, "Contact Precautions: In addition to Standard Precautions, use Standard Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted</p>						

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	<p>by direct or indirect contact, such as handling environmental surfaces or resident-care items. In some instances, residents colonized with these organisms may also require Contact Precautions ... The above includes important organisms such as MRSA (Methicillin-Resistant Staphylococcus aureus) and VRE (Vancomycin-Resistant Enterococcus), as well as other highly transmissible infections such as Clostridium difficile...."</p> <p>7). Observation of an Accucheck procedure on Resident #53 was made on 03/16/2011 at 11 a.m., with RN #3 present and doing the procedure. After the blood sugar level was read, RN #3 took a towelette from her pocket and cleansed the</p>						

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	<p>glucometer.</p> <p>Interview with RN #3 at this time indicated she cleaned the glucometer was an antiseptic towelette. RN #3 indicated the facility has three glucometers, 1 for West hall, 1 for Rehab to Home hall, and 1 for South hall.</p> <p>RN #3 proceeded to the Rehab to Home hall and got into the med cart and took out a glucometer. The glucometer was observed to have dried blood on it. RN #3 indicated she was trained to cleanse the glucometer after each use.</p> <p>The Material Safety Data Sheet for the antiseptic towelette provided by the Administrator on 03/16/11 at 4 p.m., indicated the towelette's components was</p>						

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	<p>isopropyl alcohol 70%.</p> <p>The manufacturer's recommendation for disinfecting the glucometer has not been provided by the facility as of date.</p> <p>The facility's policy on Glucose Meter, Cleaning/Disinfecting, dated 2010, indicated the following: "Purpose to clean/disinfect glucose monitoring devices when used between multiple residents. Assessment Guidelines May include, but are not limited to: Inspect device for visible signs of blood or bloody fluids prior to and following use. Equipment 1. Glucose Meter 2. Soap and Water with cloth or wipe (if needed) 3. EPA registered hospital grade disinfectant wipe Procedure 1.</p>						

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	Clean/Disinfect the exterior of glucose meter and strip housing prior to each use and when visibly soiled with blood or bloody fluids. 2. Utilize an EPA registered hospital grade disinfectant approved by units manufacturer...4. When visible blood or bloody fluids are present on the device, wipe with a cloth dampened with soap and water to remove visible organic material prior to conducting disinfection. 5. If no visible organic material is present, clean and disinfect the exterior surfaces using a cloth or wipe with either an EPA-registered detergent/germicide with a tuberculocidal, or HBV/HIV label claim, or a dilute bleach solution of 1:10 concentration. 6. When using a disposable professional grade wipe, follow						

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	<p>package instructions for use to ensure the device/surface is "wet covered" for the proper length of time to kill pathogens. 7. Never use alcohol to clean medical equipment such as glucose meters because it can damage the light emitting diodes (LED) readouts, causing fogging of plastic screens. Alcohol also is not an EPA-registered detergent/disinfectant. 8. Do not try to clean the strip port or pour liquid into the strip port or buttons...Dispatch Hospital Cleaner disinfection "Kill-Time" 60 seconds...."</p> <p>The Director of Nursing [DoN] provided a copy of the Dispatch towel's container on 03/18/2011 at 7:30 p.m., which indicated a contact time of 1 minute and 2 minutes contact</p>						

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	<p>time to kill TB (Mycobacterium tuberculosis).</p> <p>8). QMA #22 was observed during medication pass on 03/14/2011 at 12:30 p.m. to not wash her hands or gel her hands prior to setting up medications for Resident #27.</p> <p>QMA #17 was observed during medication pass on 03/14/2011 at 3:41 p.m., not to wash her hands after medication pass to Resident #55 and before sitting up medications for Resident #47.</p> <p>QMA #6 was observed on 03/15/2011 at 9:35 a.m., not to wash her hands prior to sitting up medications or after administering medications for Resident #11.</p>						

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	<p>RN #59 was observed on 03/15/2011 at 10:05 a.m., to not wash her hands prior to sitting up medications for Resident #40 who took his medications via g-tube.</p> <p>LPN #4 was observed on 03/16/2011 at 11:15 a.m., to not wash her hands prior to sitting up medications for Resident #33 nor after administering medications and feeding via g-tube.</p> <p>Review of the facility's policy for Hand Washing, dated 2006, indicated the purpose of hand washing is to control infection, to reduce transmission of organisms from resident to resident, to reduce transmission of organisms from nursing staff to resident, and to reduce transmission of organisms from</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2011	
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN46182			
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	resident to nursing staff. General instructions included, wash hands before and after resident contact and wash hands when soiled.						

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F0441 SS=F	<p>During an interview on 3/16/11/ at 2:40 p.m., the Housekeeping Supervisor indicated to clean a C diff. isolation room staff should clean all furniture and walls with Dispatch. Clean call light with Dispatch. Clean the Bathroom thoroughly with Dispatch. Mop the floors with Dispatch. Clean bed, bedroom, and mattress with dispatch. Clean doorknobs and handles , walkers and wheelchairs with Dispatch.</p> <p>On 3/17/11 at 3 p.m., observed Housekeeper #46 clean a C diff. isolation room in the rehabilitation unit. Housekeeper #46 prepared the mop water using an automatic Virex dispenser and then poured an undetermined amount of Dispatch in the mop water. Before entering the room, she put on protective equipment. When she entered the room she took the disinfectant spray, Dispatch, and sprayed it on a clean, dry rag. She wiped down the headboard , footboard and frame of the bed. She wiped down the call light cord and part of the floor mat stored behind the headboard of the bed , the bed controller, and the over-bed table. Then staff sprayed both sinks with Dispatch and immediately proceeded with wiping down both sinks. She then discarded that rag and went into the</p>		F0441	<p>F 441</p> <p>I. How corrective action will be accomplished for those affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Resident rooms and equipment of affected residents were deep cleaned using proper isolation room cleaning standards by 4/8/2011.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected.</p> <p>Housekeeping carts and cleaning equipment was sanitized with Dispatch using the recommended cleaning instructions on 4/8/2011. Any residents rooms requiring isolation precautions will be cleaned using proper isolation room cleaning standards beginning 3/21/2011. The glucometers were thoroughly cleaned using appropriate cleaning agents on 3/16/2011.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction</p> <p>Staff re-education regarding resident and staff precautions for prevention of infection, including but not limited to disinfection, use of PPE, special equipment and isolation parameters was delivered by Administrator and</p>		04/20/2011	

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	<p>restroom. She sprayed the entire commode with Dispatch. She then proceeded to the hand-washing sink and sprayed it with Dispatch and then directly began to wipe it out. Using that same rag, she wiped down the light switch, the mirror, and the soap and paper towel dispensers. She then put toilet bowl cleaner in the commode and removed a toilet brush off her cart and cleaned the interior of the commode. She then flushed the commode and placed the toilet brush back on her cart. She then wiped down the exterior surface of the commode. She then used a dust mop on the restroom and resident room floor. Once the dirt was gathered, she removed a small red and black broom and dustpan and swept up the dirt. She emptied the dustpan and placed it with the broom, back on the cart. She then changed the trash bag in the trash can and mopped the restroom and resident room floors. The housekeeper indicated she was finished and that she needed to take her cart to the janitor's closet where she would remove the mop head and the dust mop head. As she exited the room and started down the hall, she pulled the dust mop along behind her. She then went to the Janitor's closet and removed the dust mop head and placed it in a trash bag. She emptied the mop water and rinsed out the bucket and</p>				<p>Director of Nursing beginning on 3/19/2011 and completed by 4/20/2011. Licensed nurses were re-educated on the proper cleaning standards of glucometers with return demonstration beginning on 3/19/2011. Nursing staff will be re-educated on proper handwashing procedures on 4/19/2011. Housekeeping staff staff was re-educated on proper isolation room cleaning standards beginning on 3/19/2011 and will be completed on 4/20/2011.</p> <p>IV. How the facility plans to monitor its performance to make sure that solutions are ensured.</p> <p>The Director of Nursing or designee will complete observation of nursing staff related to rooms in isolation for two staff weekly for four weeks, then two staff bi-weekly for four weeks, then two staff monthly for four months. The DON or designee will complete observations related to proper glucometer cleaning with two nurses weekly for four weeks, then two nurses bi-weekly for four weeks, then two nurses monthly for 4 months. The Director of Nursing or designee will complete observations of nursing staff related to handwashing of 3 staff members weekly for four weeks, then three staff members bi-weekly for four weeks, and then three staff members monthly for four months. Housekeeping staff will complete a</p>		

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	<p>placed it back on her cart. Staff did not sanitize the red and black broom or dustpan and did not sanitize the toilet brush. She indicated that her housekeeping cart would stay in the janitor's closet until the next morning when she returned to work. Then on 3/18/11 at 8:15 a.m., Housekeeper #46 removed her housekeeping cart from the Janitor's closet and indicated that she was ready to start her day. Using the same red and black broom and dustpan and toilet brush that she had used in the C diff. Isolation room on 3/17/11.</p> <p>Interview with the Administrator and RN #1 on 03/16/2011 at 4:25 p.m., the Administrator indicated the facility used to use a different disinfectant, but had changed to an EPA approved disinfectant in October or November of last year called Dispatch. The Administrator provided the memo from their corporate office regarding the change over to Dispatch, which was dated 10/29/2010, and the memo recommended that the facility train housekeeping and nursing staff on the product use (5 minute kill time) and the practical guidance information contained in the checklists.</p> <p>On 3-17-11, during observation of the cleaning of the C.Diff isolation room, at</p>				<p>competency exam related to the proper cleaning of isolation rooms, then one housekeeper will be tested regarding competency quarterly thereafter. Housekeeping Quick Rounds will be completed weekly times four weeks, and then monthly thereafter.</p>		

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	no time during the observation was the Dispatch left sitting for five minutes, as recommended by manufacturer. 3.1-18(b)(2) 3.1-18(1)						

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F0465 SS=E	<p>Based on observation and interview, the facility failed to ensure the kitchen walls, floors and non-food preparation equipment was clean and in good repair during 1 of 3 kitchen observations which had the potential to affect 65 residents receiving meals from the kitchen in the population of 68 and to affect staff who worked in the dietary department.</p> <p>FINDINGS INCLUDE:</p> <p>During the dietary walk through on 3/21/11 at 10:15 a.m., with the Dietary Manager the following were observed:</p> <p>1) The kitchen walls located behind the stove were soiled with multiple dry colored stains. Two doors in the kitchen</p>			F0465	<p>F465 I. How corrective action will be accomplished for those affected. The kitchen walls located behind the stove and the two doors in the kitchen were cleaned on 4/8/11. The ceiling vent above the ice machine and at the entry door was cleaned on 3/15/11. The gasket to the reach-in refrigerator was repaired on 4/7/11. The three trash cans were cleaned on 3/14/11. The floor is being replaced in the kitchen beginning on 4/25/2011 and is expected to be completed on 4/29/2011. The floor in the walk-in refrigerator was cleaned on 3/15/2011, and the fan in the walk-in refrigerator was cleaned on 3/15/2011. II. How corrective action will be accomplished for those residents having potential to be affected. The kitchen walls located behind the stove and the two doors in the kitchen were cleaned on 4/8/11. The ceiling vent above the ice machine and at the entry door was cleaned on 3/15/11. The gasket to the reach-in refrigerator was repaired on 4/7/11. The three trash cans were cleaned on 3/14/11. The floor is being replaced in the kitchen beginning on 4/25/2011 and is expected to be completed on 4/29/2011. The floor in the walk-in refrigerator was cleaned on 3/15/2011, and the fan in the walk-in refrigerator was cleaned on 3/15/2011. Dietary staff will be inserviced by 4/20/2011 regarding</p>		04/28/2011

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	<p>had black/gray discoloration in the center of doors and near the door handles.</p> <p>2) The ceiling vent above the ice machine was covered with a heavy accumulation of dirt, dust, and greasy film extending to the ceiling with string hanging down. The ceiling vent near the entry door was covered with dirt. dust and black greasy film.</p> <p>3) The floor in the walk in refrigerator was soiled with dried, spilled stains and the floor was very sticky. The fan had heavy accumulation of black dusty film with strands flapping and extending to the cover of motor</p> <p>4) The gasket to the reach-in refrigerator had separated from</p>				<p>proper cleaning standards. III. What measures will be put in place/systemic changes made to ensure correction The kitchen walls are placed on a monthly cleaning schedule. The doors are added to a weekly cleaning schedule. The ceiling vents are added to the weekly cleaning schedule. The fan in the walk-in refrigerator is added to the monthly cleaning schedule. The floor is being replaced beginning on 4/25/2011 and scheduled to be completed on 4/28/2011. The floor is on a daily cleaning schedule and is added to the monthly deep cleaning schedule. The trash cans are added to the daily cleaning schedule. The gasket on the reach-in refrigerator is added to the dietary quick rounds for inspection. These changes will be completed by 4/20/2011. IV. How the facility plans to monitor its performance to make sure that solutions are ensured. The measures and changes put in place will be monitored to make sure that solutions are ensured. The Certified Dietary Manager and Registered Dietician are revising the cleaning schedules to clearly state who is responsible by 4/20/2011. The head cook scheduled each day will be responsible for doing a dietary quick rounds prior to shift end to assure that all cleaning has been completed beginning 4/20/2011.</p>		

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	<p>the door and was hanging down.</p> <p>5) Three trash cans located through the kitchen were soiled with multiple dry colored stains food particles.</p> <p>6) The four floor tiles in the entry of the walk in freezer were cracked and crumbled.</p> <p>During an interview with the Dietary Manager at the end of the walk through, she indicated she would take care of the above mentioned observations. She indicated the above mentioned observations, could potentially affect the residents residing in the facility.</p> <p>3.1-19(f)</p>				<p>The Certified Dietary Manager will do a weekly dietary quick round for a period of 4 weeks, and then twice per month thereafter beginning 4/20/2011. The Registered Dietician will do a Sanitation Check List and report monthly beginning 4/20/2011. All results of dietary rounds will be reviewed by the Quality Assurance Team.</p>		